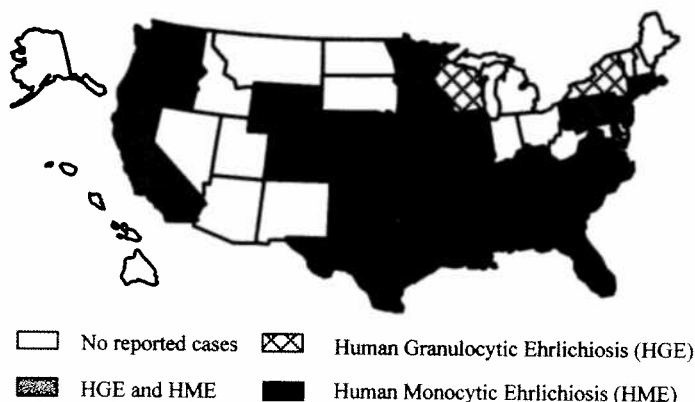


rise or fall in immunofluorescent antibody (IFA) titer with a peak titer of 64 or greater in a clinically compatible case.⁷ Observation of morulae in a blood smear or a buffy coat preparation is insensitive but should be pursued, as it can help establish the diagnosis immediately. Other diagnostic techniques include immunohistochemistry, and culture.² PCR primer sets have also been developed for the diagnosis of both HGE and HME.⁸

Doxycycline 100 mg po bid for 10-14 days is the treatment of choice.^{6,7} For children, chloramphenicol is recommended but has been shown to be less effective.² Treatment should not be withheld pending laboratory confirmation, as delays in diagnosis may be associated with worse outcomes.

This case was unusual in that it either represents a prolonged incubation period if acquired in the endemic area of Texas, or a case of transmission of the disease occurring in Alaska or Hawaii – states where there have been no prior reported cases of ehrlichiosis. It is presumed that this most likely represents a prolonged incubation period based on the history of a tick bite in Texas. Although no endemic tick-borne disease is found in Hawaii, the increased recognition and prevalence of emerging tick-borne diseases worldwide will impact healthcare providers here. The differential diagnosis in the febrile traveler continues to expand and ehrlichiosis is yet another disease to be considered.

Geographic Distribution of Human Ehrlichiosis 1986-1996



References

1. Maeda K, Markowitz N, Hawley RC, et al. Human infection with *Ehrlichia canis*, a leukocytic rickettsia. *N Eng J Med* 316: 853-856, 1987.
2. Fritz CL, Glaser CA. Ehrlichiosis. *Infectious Disease Clinics of North America*. 1998, 12: 123-136.
3. Dawson JE, Anderson BE, Fishbein DB, et al. Isolation and characterization of an *Ehrlichia* sp. From a patient diagnosed with human ehrlichiosis. *J Clin Microbiol*. 29: 2741-2745, 1991.
4. Chen SM, Dumler JS, Bakken JS, et al. Identification of a granulocytotropic *Ehrlichia* species as the etiologic agent of human disease. *J Clin Microbiol*. 32: 589-595, 1994.
5. Madigan HE, Richter PJ, Kimsey RB, et al. Transmission and passage of horses of the agent of human granulocytic ehrlichiosis. *J Infect Dis*. 172: 1141-1144, 1995.
6. Eng TR, Harkness JR, Fishbein DB, et al. Epidemiologic, clinical and laboratory findings of human ehrlichiosis in the United States. 1988. *JAMA* 264: 2251-2258, 1990.
7. Centers for Disease Control and Prevention: Human ehrlichiosis - Maryland, 1994. *MMWR* 45: 798-802, 1996.
8. Everett ED, Evans KA, Henry RB, et al: Human ehrlichiosis in adults after tick exposure: Diagnosis using polymerase chain reaction. *Ann Intern Med* 120: 730-735, 1994.



Letter to the Editor



*Thomas J. Whelan, Jr., MD
1921-1999*

Sir:

Mrs. Norma Whelan, Dr. Thomas Whelan's wife, mailed my daughter, Sandra, and I copies of the Hawaii Medical Journal special memorial issue on Dr. Thomas J. Whelan, Jr. I have read each article written by his children and professional colleagues, but I saw nothing of his compassion for his patients and the patients family. His compassion is what I believe made him a great surgeon.

I met Dr. Whelan in August 1962 when he was chief of vascular surgery at Walter Reed Medical Center when my 7-year-old daughter, Sandra, had been referred to him with a large liver tumor. Dr. Whelan removed the tumor in a 12 hour complicated procedure that I later learned few surgeons in the United States were qualified to perform.

What really impressed my wife, Louise, and I was Dr. Whelan's compassion and concern for his patients and their family. He arranged accommodations for my wife and I at Walter Reed and spent hours with Sandra while she was in surgical intensive care. After Sandra's release from the hospital, she was followed for years by Dr. Whelan. While sitting in the doctor's office during follow up visits I've heard Dr. Whelan make telephone calls to arrange transportation to Washington, DC and accommodations near Walter Reed Medical Center while a family member was undergoing and recovering from a major surgical procedure. Mrs. Whelan told me that Doctor Whelan often made house calls. And over the ensuing years I remained in touch with Dr. Whelan and on my frequent visits to Hawaii a must for me was a call to a doctor.

My family and I are fortunate and honored to have met a man possessing so great a professional skill and so much concern for his patients and their families. I am fortunate to have met and know so wonderful a man. To my family he was special.

Sincerely,
John Ireland